

County: Polk  
ST. CROIX VALLEY GOOD SAMARITAN  
750 LOUISIANA EAST

Facility ID: 8340

Page 1

ST. CROIX FALLS 54024 Phone: (715) 483-9815  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/01): 95  
Total Licensed Bed Capacity (12/31/01): 95  
Number of Residents on 12/31/01: 89

Ownership: Non-Profit Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 87

\*\*\*\*\*

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No					1 - 4 Years	42.7		
Supp. Home Care-Personal Care	No					More Than 4 Years	36.0		
Supp. Home Care-Household Services	No	Developmental Disabilities	1.1	Under 65	6.7		21.3		
Day Services	No	Mental Illness (Org./Psy)	4.5	65 - 74	10.1		-----		
Respite Care	No	Mental Illness (Other)	12.4	75 - 84	27.0		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	49.4	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.2	95 & Over	6.7	Full-Time Equivalent			
Congregate Meals	Yes	Cancer	3.4		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	6.7		100.0	(12/31/01)			
Other Meals	No	Cardiovascular	27.0	65 & Over	93.3	-----			
Transportation	No	Cerebrovascular	14.6		-----	RNs		12.0	
Referral Service	No	Diabetes	9.0	Sex	%	LPNs		8.9	
Other Services	No	Respiratory	1.1		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	18.0	Male	34.8	Aides, & Orderlies			
Mentally Ill	No		-----	Female	65.2				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

\*\*\*\*\*

#### Method of Reimbursement

Medi care (Title 18)			Medi caid (Title 19)			Other			Pri vate Pay			Fami ly Care			Managed Care			Total Resi - dents	% Of All	
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)
Int. Skilled Care	0	0.0	0	2	3.2	120	0	0.0	0	1	6.7	144	0	0.0	0	0	0.0	0	3	3.4
Skilled Care	12	100.0	176	53	85.5	102	0	0.0	0	14	93.3	134	0	0.0	0	0	0.0	0	79	88.8
Intermediate	---	---	---	7	11.3	85	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	7.9
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		62	100.0		0	0.0		15	100.0		0	0.0		0	0.0		89	100.0

*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
		-----				
Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	25.9	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	3.5	Bathing	0.0	70.8	29.2	89
Other Nursing Homes	6.3	Dressing	3.4	76.4	20.2	89
Acute Care Hospitals	64.3	Transferring	20.2	44.9	34.8	89
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	10.1	51.7	38.2	89
Rehabilitation Hospitals	0.0	Eating	43.8	44.9	11.2	89
Other Locations	0.0	*****				
Total Number of Admissions	143	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	9.0	Receiving Respiratory Care		10.1
Private Home/No Home Health	38.2	Occ/Freq. Incontinent of Bladder	55.1	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	36.0	Receiving Suctioning		0.0
Other Nursing Homes	1.5			Receiving Ostomy Care		2.2
Acute Care Hospitals	23.5	Mobility		Receiving Tube Feeding		1.1
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	5.6	Receiving Mechanically Altered Diets		9.0
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	36.8	With Pressure Sores	13.5	Have Advance Directives		71.9
Total Number of Discharges		With Rashes	12.4	Medications		
(Including Deaths)	136			Receiving Psychoactive Drugs		14.6

\*\*\*\*\*  
Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

*****									
	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91.6	88.9	1.03	85.1	1.08	84.4	1.08	84.6	1.08
Current Residents from In-County	79.8	78.4	1.02	72.2	1.11	75.4	1.06	77.0	1.04
Admissions from In-County, Still Residing	23.1	25.3	0.91	20.8	1.11	22.1	1.04	20.8	1.11
Admissions/Average Daily Census	164.4	108.1	1.52	111.7	1.47	118.1	1.39	128.9	1.27
Discharges/Average Daily Census	156.3	107.3	1.46	112.2	1.39	118.3	1.32	130.0	1.20
Discharges To Private Residence/Average Daily Census	59.8	37.6	1.59	42.8	1.40	46.1	1.30	52.8	1.13
Residents Receiving Skilled Care	92.1	90.9	1.01	91.3	1.01	91.6	1.01	85.3	1.08
Residents Aged 65 and Older	93.3	96.2	0.97	93.6	1.00	94.2	0.99	87.5	1.07
Title 19 (Medicaid) Funded Residents	69.7	67.9	1.03	67.0	1.04	69.7	1.00	68.7	1.01
Private Pay Funded Residents	16.9	26.2	0.64	23.5	0.72	21.2	0.80	22.0	0.77
Developmentally Disabled Residents	1.1	0.5	2.23	0.9	1.25	0.8	1.43	7.6	0.15
Mentally Ill Residents	16.9	39.0	0.43	41.0	0.41	39.5	0.43	33.8	0.50
General Medical Service Residents	18.0	16.5	1.09	16.1	1.12	16.2	1.11	19.4	0.93
Impaired ADL (Mean)	55.7	49.9	1.12	48.7	1.14	48.5	1.15	49.3	1.13
Psychological Problems	14.6	48.3	0.30	50.2	0.29	50.0	0.29	51.9	0.28
Nursing Care Required (Mean)	6.0	7.0	0.86	7.3	0.83	7.0	0.86	7.3	0.82